



DEPARTMENT
OF
HEALTH PROFESSIONS
6603 W. BROAD ST., 5TH STREET
RICHMOND, VA 23230

Rev. 12/97

ANIMAL FACILITY INSPECTION REPORT

Page 1 of 3

DATE	TIME
MILEAGE	
INSPECTION HOURS	WAITING TIME

FACILITY NAME			FACILITY PERMIT NO.		EXPIRATION DATE	
STREET ADDRESS			CITY		ST ZIP	
PHONE NO. ()			STAFF	NAME (FIRST, MI, LAST)	LICENSE NO.	EXPIRATION DATE
FAX NO. ()			VETERINARIAN IN CHARGE			
			LICENSED VETERINARIAN			
OPERATION	FROM	TO	LICENSED VETERINARIAN			
HOURS			VETERINARY TECHNICIAN			
DAYS			VETERINARY TECHNICIAN			

TYPE OF PRACTICE:

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
ANIMAL FACILITY: (Req. 150-20-80)			11. Adequate size (measures _____)?		
1. Licenses available/displayed?			12. Surgical table with nonporous surface?		
2. Licenses current?			13. Storage limited to surgical items?		
STANDARDS FOR FACILITIES: (Req. 150-20-200)			14. Circle gas anesthesia machine?		
3. Facility clean and sanitary?			15. Automatic emergency lighting?		
4. Facility maintain required:			16. Surgical lighting (Candlepower _____)?		
a. Temperature between 59-86°F (temp. _____)?			17. Instrument table, stand or tray?		
b. Ventilation: System Type _____			18. Waste receptacle?		
c. Lighting:			GENERAL EQUIPMENT: (Req. 150-20-200, A (4) (e))		
d. Hot and cold running water?			19. Following equipment maintained:		
e. Toilet and lavatory facilities?			a. Steam pressure sterilizer?		
f. Method for disposal of deceased animals?			b. Internal and external sterilization monitors?		
g. Refrigeration exclusively for carcasses that require storage for more than 24 hours?			c. Stethoscope?		
5. Facility have separate reception area?			d. Ophthalmoscope?		
EXAMINATION ROOM: (Req. 150-20-200, A (4) (a))			e. Thermometer?		
6. Separate examination room?			f. Resuscitation bag?		
7. Table with nonporous surface?			g. Endotracheal tubes?		
8. Waste receptacle?			h. Scales?		
9. Sanitizing solution? (Type: _____)			i. Otoscope?		
SURGERY SUITE: (Req. 150-20-200, A (4) (b))			j. Oxygen and delivery system?		
10. Reserved for surgery only?					

11070 (8/04) 408075-6/5

TO INSPECTION UNIT

ANIMAL FACILITY INSPECTION REPORT – CONTINUATION PAGE 2

<div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. complete blood count <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> c. flotation test for OVA of internal parasites <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> d. skin scrapings for diagnosing external parasites <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> e. examination for circulating blood microfilaria <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> f. blood chemistries <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> g. cultures and sensitivities <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> h. biopsies <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> i. complete necropses, including histopathology <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> j. serology <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 5px;"> ANIMAL HOUSING AREAS: (Req. 150-20-200, A (2), (e) and 150-20-200, A (5) (c)) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 26. Animal identification system? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 27. Separate compartments constructed to prevent residual contamination? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 28. Accommodations for separation of contagious and noncontagious animals? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 29. Exercise runs or documentation of walking in lieu of runs? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 5px;"> DRUG STORAGE AND DISPENSING: (Req. 150-20-190 and 150-20-200, A (4) (d)) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 30. Drugs stored at room temperature between 59-86°F (temp. _____)? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 31. Refrigerator with thermometer maintained between 36-46°F (temp. _____)? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 32. Schedule II drugs maintained under lock and key, with access to the veterinarian only? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 33. Working stock of Schedule II drugs stored under separate lock and accessible to the licensed veterinary technician? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 34. All drugs maintained in a secured manner? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 35. When required, drugs dispensed in approved safety closure containers? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 36. Drugs dispensed labeled as follows: <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> a. Name and address of facility? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. Name of client? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	<div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 39. Distribution record contain the following: <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> a. Date of transaction? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. Drug name and strength? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> c. Amount of drug dispensed, administered, and wasted? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> d. Client identification? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> e. Animal identification? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> f. Identification of person administering or dispensing the drug? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 40. Schedule II invoices maintained separately from all other records? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 41. Schedule II through V invoices maintained in chronological order? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 42. Schedule II through V invoices maintained on premises for two years? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 43. Biennial inventory: <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> a. Date <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. Opening/closing of business _____ <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> c. Signed _____ <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 5px;"> CHANGE OF VIC INVENTORY: (Req. 150-20-180, B (2), (b), (3)) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 44. a. Date <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. Opening/closing of business _____ <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> c. Signed _____ <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="background-color: #f2f2f2; padding: 2px; margin-top: 5px;"> CLIENT RECORDS: (Req. 150-20-200, A (5)) </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 45. Maintain a written daily record of animals treated? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 46. Maintain individual animal records? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 47. Economic animal record maintained on a per-client basis? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> 48. Client record includes: <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> a. Pertinent medical data? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"> b. Drugs administered? <div style="float: right; width: 40px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> </div> </div>
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TO INSPECTION UNIT

AREA / QUESTION	YES	NO	AREA / QUESTION	YES	NO
CLIENT RECORDS continued: (Req: 150-20-200, A (5))			52. Signed disclosure forms maintained on file?		
c. Drugs dispensed?			REQUIREMENTS FOR CONTINUING EDUCATION:		
d. Surgical procedures performed?			53. Original C.E. documents contain:		
49. Client records maintained for three years following the last visit or discharge:			a. Date?		
RESTRICTED FACILITIES: (Req: 150-20-200.B)			b. Subject of program or authority?		
50. Limitations on practice posted conspicuously?			c. CEU's or contact hrs.?		
DISCLOSURE FORMS (Section 54.1-3004.1)			d. Certification from approved sponsor?		
51. Disclosure forms in use indicating hrs. continuous medical care not available?					

GENERAL REMARKS / DOCUMENTATION

ACKNOWLEDGEMENT:

This animal facility has been inspected by an inspector of the Department of Health Professions. I acknowledge that the conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

Immediate correction is expected for any conditions reported on this inspection report that may constitute a violation of the statutes and regulations governing veterinary medicine.

A copy of this inspection report will be reviewed by the Board of Veterinary Medicine office. If it is discovered that any of the deficiencies warrant further Board action, then I will be notified, and a reinspection may be conducted.

SIGNATURE - INSPECTOR (DEPT. OF HEALTH PROFESSIONS)		SIGNATURE - VETERINARIAN IN CHARGE OF FACILITY	
DATE	TIME OF EXIT	TITLE OF AUTHORIZED INDIVIDUAL	

FOR OFFICE USE ONLY

DEFICIENCIES THIS INSPECTION	DEFICIENCIES PREVIOUS INSPECTION	REPEATED DEFICIENCIES
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